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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : HARVARD BUSINESS SERVICES, INC

Account Number : I20080000045 : (302)645-7400

Fax Number : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

npisano@safranna.com Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION **EPM Software Solutions Inc.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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APPLICA			ION FOR AUTHORIZATION TO TI IN FLORIDA	KANSAC
IN COMPLIANCE REGISTER A FOI	E WITH SECTION 607.1503, FLORIDA REIGN CORPORATION TO TRANSAC	1 S CT .	TATUTES, THE FOLLOWING IS SUBMIT. BUSINESS IN THE STATE OF FLORIDA.	regiro
EPM Softwar	e Solutions Inc.			7)
(Enter name of c	orporation; must include "INCORPORAT" orp," "Inc," "Co," or "Corp.")	ED.	" "COMPANY," "CORPORATION,"	TAIE ORIGIN
(If name unavail	able in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting business	in Florida)
2. Delaware		3.	45-5472634	
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	
4. 06/11/2012		5.	Perpetual	
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "p	erpetual")
6.				
			n Florida, if prior to registration)	
404 = 0			502, F.S., to determine penalty liability)	
7.424 E Cent	tral Blvd #690, Orlando FL 3 (Principal office			
404 E Con	•		•	
424 E Cen	tral Blvd #690, Orlando Ft			4
	(Curent maning	auı	11055)	
Software N	Manufacturer/Dealer			
o,	e) of corporation authorized in home state of	r c	ountry to be carried out in state of Florida)	
9. Name and stree	et address of Florida registered agent: (Ρ.0	D. Box NOT acceptable)	
Name:	Registered Agents Inc.			
Office Address:	3030 N. Rocky Point Dr. STE	1	50A	
	Tampa		, Florida 33607	
	(City)		(Zip code)	
			•	

10. Registered agent's acceptance:

TO:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dan Keen-President
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	72. 0
Chairman:	mo 😐 i
Address:	
Vice Chairman: Matthew Pitstick	
Address: 1011 Orange Ave	
San Carlos, CA 94070	
Director: Donna Pisano	
Address: 1730 Santa Maria Pl	
Orlando, FL 32806	
Director: Nicholas D Pisano	
Address: 1730 Santa Maria Place	······································
Orlando, FL 32806	**************************************
3. OFFICERS	
President: Nicholas D Pisano	
Address: 1730 Santa Maria Place	
Orlando FL 32806	
/ice President:Matthew Pitstick	
Address:1011 Orange Ave	
San Carlos, CA 94070	
Secretary: Donna Pisano	
Address: 1730 Santa Maria Pl, Orlando, FL 32806	
Creasurer: Donna Pisano	
Address: 1730 Santa Maria Pl, Orlando, FL 32806	
NOTE: If necessary, you may attach an addendum to the application listing additions 3.	al officers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) are true and that he or she is aware that false information submitted in a document to third degree felony as provided for in s.817.155, F.S.	affirms that the facts stated herein he Department of State constitutes a
4. Nicholas D Pisano	
(Typed or printed name and conneity of payon signing anglia	ntion)

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Delaware

PAGE

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SECREIANY OF STATE
ALLIAHASSHEL FLORIBA

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "EPM SOFTWARE SOLUTIONS INC." IS
DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS
IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS
THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JANUARY,
A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EPM SOFTWARE SOLUTIONS INC." WAS INCORPORATED ON THE ELEVENTH DAY OF JUNE, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

5167682 8300

140033667

You may verify this certificate online at corp. delaware. gov/authver.shtml

jeffrey W. Bullock, Secretary of State
AUTHENTYCATION: 1049396

DATE: 01-10-14